	6/28/0	· CI AIS		December 8, 2 LED - PART				-		2966
	TOTAL CLAIMS			(Column 1) (Column 2)			IALL EN	TITY	. 0	THER.THA
						-	RATE		¬	MALLENTIT
	FOR			NUMBER FILED NUMBER EXTRA				FEE	7	RATE FE
	TOTAL CHARGEABLE CLAIMS		MS	. ainus 20=		1		150.00	OR BASIC FEE 300	
\parallel	INDEPENDENT CLAIMS			minus 3 =		# 12	\$ 25=		OR XS	50= 790
$\ $	MULTIPLE DI	EPENDENT CLA	IM PRESEN	114102.2 =	7=	X	100=		OR X20	00=
1-						_	80=	•		
/		ence in ∞lumn	is less th	an zero, enter *	'0" in column 2	ــــــــــــــــــــــــــــــــــــــ	TAL		OB +36	
U	AMP1.	CLAIMSA	SAMEN	DÉD - PART	11 :	10	1 L		OR TOT	AL 790.
		CLAIMS	1)	(Column	(Column	3) .SM.	ALL ENT	1TY	TO SME	HER THAIN ILL ENTITY
MENDMENTS	5/22/01		- 1	HIGHES	R PRESENT		. AC	001-	1	ADDI-
OME	Total	AMENDME		PREVIOUS PAID FO		RA.		NAL	PATI	E TIONAL
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ð		SENTATION OF	Minus	*** 3	= -	. X100	-} -	-1°	``	
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		(Column 1		. (Oaks		TOT. FINDON		\Box \circ	ADDIT, FE	T. T.
0		CLAIMS REMAINING	1	(Column 2		 				
ייייביאסואובוא ו		AFTER AMENDMENT		PREVIOUS	Y EXTRA	RATE	ADD TION		RATE	ADDI-
	Total		Minus	PAID FOR	=		FEE		INIE	TIONAL FEE
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1	FIRST PRES	ENTATION OF M	ULTIPLE DI	EPENDENT CLA	IM ·	· X100=		OR	X200=	
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